15/5/2010

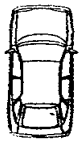
INS. CASE OWNER: Gabriel Wee | CC4/III23007549/Tpa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 26/07/2023 Date / Time : 26.07.2023

Registered in Merimen: 24.07.2023 by wksp

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN 4906H Claim No. :

Name of Insured : LIOW WEE SIONG Policy No. :

Insured Tel No. : HP: Make / Model :

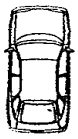
Excess Sec II :S$ D.O.A : 22/07/2023 13:00 Place of Accident : CTE TOWARDS CITY NEAR AMK AVE 1

Is driver the owner? (YES / NO) Nature of Accident :

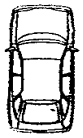
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

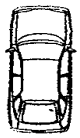
SHB 3421T → → →



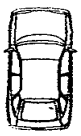
INSRS: CDGE
WSP: LOYANG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
SHB 3421T -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/ASM21003968/Aga3q2 29/06/2021 SJB 6002B SHB 3421T 25/03/2021 30/06/2021 HMK CS/FCI12010390/T1y1k3 10/07/2012 SHB 3421T SHC 585T 22/05/2012 10/07/2012 YCS CS/MSG19017761/T1tf3n2 17/10/2019 SHB 3421T SLP 4881X 08/10/2019 17/10/2019 NSH CS3/FCI15007154/Fvbq2 27/05/2015 GBD 6297B SHB 3421T 24/04/2015 04/06/2015 CNL CS3/FCI16013652/T1qh3c2 03/08/2016 SKB 2712A SHB 3421T 21/07/2016 04/08/2016 CCY NA/AIG15007017/d2 24/04/2015 TOH THIAM HOCK GBD 6297B SHB 3421T 24/04/2015 27/04/2015 NLS	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
SMN 4906H - X		After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	